

2. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. N/A

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. N/A

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. Gift from family to purchase hygiene and food items from prison canteen. I don't receive or expect to receive money each month.

4. Do you have any checking account(s)? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
- b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

- a. Name(s) and address(es) of bank(s): _____
- b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

- a. Make: _____ Year: _____ Model: _____
- b. Is it financed? ☐ Yes ☐ No
- c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): _____

N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

The state of California is providing for my day to day care.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6-16-08

DATE

[Signature]

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant Kevin Gunn
 (NAME OF INMATE)

P-78894
 (INMATE'S CDC NUMBER)

has the sum of \$ _____ on account to his/her credit at _____

Chuckawalla Valley State Prison
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities _____

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ _____

and the *average monthly deposits* to the applicant's account was \$ _____

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
 STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
 IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

 DATE

 SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

 OFFICER'S FULL NAME (PRINTED)

 OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

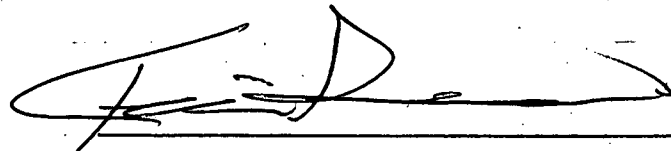
I, Kevin Gunn, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☒ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

6-16-08

DATE



SIGNATURE OF PRISONER

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CHUCKAWALLA VALLEY PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 02, 2008

ACCOUNT NUMBER : P78894 BED/CELL NUMBER: 010 000000001581
 ACCOUNT NAME : GUNN, KEVIN ORLANDO ACCOUNT TYPE: 1
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	12/01/2007		BEGINNING BALANCE					0.00
ACTIVITY FOR 2008								
	03/13	0320	TRUST FUNDS T 2901/CCI			11.67		11.67
	03/21	W502	POSTAGE CHARG 30093/200				4.75	6.92
	03/24	0320	TRUST FUNDS T 3020/CCI			27.00		33.92
	04/21	FC04	DRAW-FAC 4 3372/0 YD				15.00	18.92
	04/22	W502	POSTAGE CHARG 3396/4-22				6.78	12.14
	05/19	FC04	DRAW-FAC 4 3739/0 YD				12.14	0.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
05/23/2008	H109	LEGAL POSTAGE HOLD	3825/5-23	4.80
05/23/2008	H109	LEGAL POSTAGE HOLD	3825/5-23	7.60
05/23/2008	H109	LEGAL POSTAGE HOLD	3825/5-23	7.05
05/28/2008	H119	ARTIFICIAL APPLIANCE HOLD	3853/5-22	128.00
05/28/2008	H109	LEGAL POSTAGE HOLD	3861/5-28	0.42

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/26/00 CASE NUMBER: *SCD144476
 COUNTY CODE: *SD FINE AMOUNT: \$ 2,328.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
12/01/2007		BEGINNING BALANCE		2,241.49
03/06/08	SU03	SYS UPDATE - POS	3.44-	2,238.05
03/11/08	SU03	SYS UPDATE - POS	30.00-	2,208.05



THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST: 6-3-08
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY: [Signature]
 TRUST OFFICER

REPORT DATE: 06/02/08

PAGE NO:

2

CHUCKAWALLA VALLEY PRISON
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 02, 2008

ACCT: P78894

ACCT NAME: GUNN, KEVIN ORLANDO

ACCT TYPE: I

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	38.67	38.67	0.00	147.87	0.00

CURRENT
AVAILABLE
BALANCE

147.87-

REPORT DATE: 06/03/08
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF CORRECTIONAL INSTITUTION
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 03, 2008

ACCOUNT NUMBER : P78894
ACCOUNT NAME : GUNN, KEVIN ORLANDO
PRIVILEGE GROUP:
BED/CELL NUMBER:
ACCOUNT TYPE: T

TRUST ACCOUNT ACTIVITY

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
12/01/2007		BEGINNING BALANCE					11.25
12/06*VD54		INMATE PAYROL	11-3663SUP		4.40		15.65
12/17 FC02		DRAW-PAC 2	2-3-3929			15.65	0.00
		ACTIVITY FOR 2008					
02/06*VD54		INMATE PAYROL	12-5085SUP		3.72		3.72
02/06*VD54		INMATE PAYROL	1-5115-SUP		4.84		8.56
03/06*VD54		INMATE PAYROL	2-5822SUP		3.11		11.67
03/06 W610		TRANSFER OF T	5851CVSP	185373734		11.67	0.00
03/11*DD30		CASH DEPOSIT	5955MRL123		27.00		27.00
03/13 W610		TRANSFER OF T	6013CVSP	185373810		27.00	0.00

*** RESTITUTION ACCOUNT ACTIVITY**

DATE SENTENCED: 05/26/00
COUNTY CODE: *SD
CASE NUMBER: *SCD144476
FINE AMOUNT: \$ 2,328.00

DATE	TRANS.	DESCRIPTION	TRANS.	AMT.	BALANCE
12/01/2007		BEGINNING BALANCE			2,255.85
12/06/07	VR54	RESTITUTION DEDUCTION-SUPPORT		4.87-	2,250.98
02/06/08	VR54	RESTITUTION DEDUCTION-SUPPORT		4.13-	2,246.85
02/06/08	VR54	RESTITUTION DEDUCTION-SUPPORT		5.36-	2,241.49
03/06/08	VR54	RESTITUTION DEDUCTION-SUPPORT		3.44-	2,238.05
03/11/08	DR30	REST DED-CASH DEPOSIT		30.00-	2,208.05

* * THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT * * IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

100

10-3-08

1997

20

best tech

REPORT ID: TS3030 701

REPORT DATE: 06/03/08
PAGE NO: 2CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF CORRECTIONAL INSTITUTION
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 03, 2008

ACCT: P78894 ACCT NAME: GUNN, KEVIN ORLANDO ACCT TYPE: T

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
11.25	43.07	54.32	0.00	0.00	0.00

CURRENT
AVAILABLE
BALANCE

0.00

PROOF OF SERVICE BY MAIL

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

I, KEVIN O. GUNN, declare:

I am over 18 years of age and a party to this action. I am a resident of _____

CHUCKAWALLA VALLEY STATE Prison,

in the county of RIVERSIDE

State of California. My prison address is: P.O. BOX 2349, Elythe, Ca 92226

On _____
(DATE)

I served the attached: Motion and Declaration to Proceed In Forma

Pauperis and Motion for Appointment of Counsel
(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage

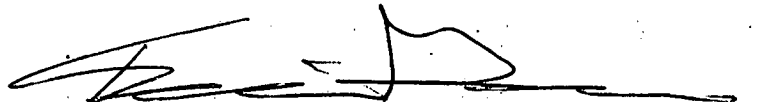
thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional

institution in which I am presently confined. The envelope was addressed as follows:

United States District Court
Southern District Of California
Office Of The Clerk
880 Front St. Suite 4290
San Diego, Ca 92101-8900

I declare under penalty of perjury under the laws of the United States of America that the foregoing
is true and correct.

Executed on 6-18-08
(DATE)


(DECLARANT'S SIGNATURE)